

INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE
Sold in New Jersey
By

STERLING LIFE INSURANCE COMPANY

Telephone: 1-800-688-0010

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	* MONTHLY PREMIUM AT AGE 65 (<i>INCREASES WITH AGE</i>)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
A	FNS 128.85 FS 149.73 MNS 144.09 MS 167.47	Yes**	No		Yes	Yes	Yes					Yes		Yes				
B	FNS 148.51 FS 172.57 MNS 165.34 MS 192.15	Yes**	No	Yes	Yes	Yes	Yes					Yes		Yes				
C	FNS 168.19 FS 195.42 MNS 187.12 MS 217.42	Yes**	No	Yes	Yes	Yes	Yes	Yes			Yes	Yes		Yes	Yes			
F	FNS 168.57 FS 195.85 MNS 187.54 MS 217.92	Yes**	No	Yes	Yes	Yes	Yes	Yes			Yes	Yes	100% Yes	Yes	Yes			

* FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER
NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.

NOTE: PREMIUMS LISTED ABOVE WILL BE HIGHER IF THEY ARE NOT AUTOMATICALLY DEDUCTED FROM YOUR BANK ACCOUNT.

(This information may also be found on our web site at www.state.nj.us/health/senior/ship.shtml)